

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1368

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro</u> TOWN <u>Greensboro</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Greensboro</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>RUTH ANNA</u> (Middle) <u>ANDREWS.</u> (Last) <u>ANDREWS.</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>27</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>domestic servant</u>	8. DATE OF BIRTH <u>Oct 20 1857</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>93</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>DELA</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral & General Arteriosclerosis</u>					
Antecedent cause(s) (b) <u>334</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>97</u>					
II. OTHER SIGNIFICANT CONDITIONS		Secondary Arteriosclerosis			
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 14, 1950</u> , to <u>Feb. 27, 1951</u> , that I last saw the deceased alive on <u>Feb 27, 1951</u> , and that death occurred at <u>6 a</u> m., from the causes and on the date stated above.					
SIGNATURE <u>Charles H. Stinson M.D.</u>		ADDRESS <u>Greensboro N.C.</u>		DATE SIGNED <u>Feb 28 1951</u>	
23. BURIAL, CREMATION (Specify) <u>Burial</u>		DATE <u>Feb 28 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Denton</u>	
LOCATION (City, town, or county) (State) <u>Denton</u>		24. FUNERAL DIRECTOR <u>J. Virgil Moore & Son</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>Feb 28 1951</u>		REGISTRAR'S SIGNATURE <u>L. M. Pappas</u>			

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



VS. A15

1. PLACE OF DEATH COUNTY <u>Decline</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind</u> COUNTY <u>Decline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ridgeley</u>		LENGTH OF STAY (In this place) <u>3 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ridgeley, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS <u>(If rural, give location)</u>	
3. NAME OF DECEASED (Type or Print) <u>John</u> (First)		<u>Wesley</u> (Middle)		<u>Bell</u> (Last)	
4. DATE OF DEATH <u>Feb. 5</u> (Month) <u>1951</u> (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Real</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 28, 1865</u>		9. AGE last birthday <u>85</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Henderson Bell</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Baker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Chas. G. Image, District Inf.</u>	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <u>Cerebral Hemorrhage & Complication</u>					
Antecedent cause(s) (b) <u>Arteriosclerosis, Cardiac Vascular Disease</u>					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 10, 1950</u> , to <u>Feb. 5, 1951</u> , that I last saw the deceased alive on <u>Feb. 4, 1951</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.					
SIGNATURE <u>Charles H. Henshaw, Jr.</u>		(Degree or title)		ADDRESS <u>Decatur, Ga.</u>	
DATE SIGNED <u>Feb. 5, 1951</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		DATE THEREOF <u>Feb. 8, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Spring Grove</u>	
LOCATION (City, town, or county) (State) <u>Decatur, Ga.</u>		24. FUNERAL DIRECTOR <u>J. Edgar Moore & Son</u>		ADDRESS <u>Decatur</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 8, 1951</u>		REGISTRAR'S SIGNATURE <u>Mary C. Reed</u>			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1370 60

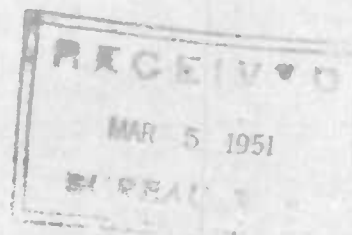
1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Goldsboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Goldsboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS <u>None</u>	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>Grace</u>	<u>Mae</u>	<u>Casson</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4/16/1890</u>
9. AGE last birthday <u>60</u> yrs.		4. DATE OF DEATH <u>2-3-51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Caroline Co. Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William E. Carney</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Groce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Benena Stark Goldsboro, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Exhaustion</u>		
Antecedent cause(s) (b) <u>Carcinomatosis (Primary & Metastatic)</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>11/10</u> , 19 <u>50</u> , to <u>2/4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/4</u> , 19 <u>51</u> , and that death occurred at <u>8:30</u> P.m., from the causes and on the date stated above.		
SIGNATURE <u>[Signature]</u> (Degree or title)		DATE SIGNED <u>2/5-51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/6/1950</u>	NAME OF CEMETERY OR CREMATORY <u>Union</u>
LOCATION (City, town, or county) (State) <u>Near Goldsboro, Md.</u>	24. FUNERAL DIRECTOR <u>R.B. Rawlings Greensboro Md.</u>	ADDRESS
DATE REC'D BY LOCAL REG. <u>2/5/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *62*

1377

1. PLACE OF DEATH- COUNTY <i>Caroline</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Caroline</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Denton, Md.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Denton, Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>Rebecca</i> (Middle) <i>Lewis</i> (Last) <i>Gallins</i>	4. DATE OF DEATH (Month) <i>Feb</i> (Day) <i>8</i> (Year) <i>1957</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 20 1897</i> yrs. <i>71</i>
9. AGE last birthday <i>9</i> Months <i>9</i> Days <i>18</i> Hours <i>19</i> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Chamberland, Ky.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>James Lewis</i>		14. MOTHER'S MAIDEN NAME <i>Lizzie Gallins, Ky.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <i>—</i>	
17. INFORMANT AND ADDRESS <i>Denton, Md.</i>		17. INFORMANT AND ADDRESS <i>Eura Albert Williamson</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Cancer lung.*

INTERVAL BETWEEN ONSET AND DEATH

8 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Cancer uterus*

4 years

(c) *Hypertensive heart disease.*

5 mo.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Colloid Goiter - 18 mo. -

19a. DATE OF OPERATION <i>1946</i>		19b. MAJOR FINDINGS OF OPERATION <i>Hysterectomy for uterine cancer</i>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Oct. 12, 1950*, to *Feb. 8, 1951*, that I last saw the deceased

alive on *Feb. 7, 1951*, and that death occurred at *12:30 A.M.*, from the causes and on the date stated above.

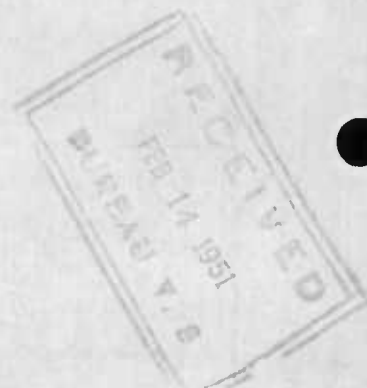
SIGNATURE *Dr. Paul Throth* (Degree or title) *M.D.* ADDRESS *Denton, Md.* DATE SIGNED *2/10/51*

23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF <i>Feb. 12 1951</i>		NAME OF CEMETERY OR CREMATORY <i>Bowcord</i>		LOCATION (City, town, or county) <i>Bowcord</i>		(State) <i>Md.</i>	
DATE REC'D BY LOCAL REG. <i>2/12/51</i>		REGISTRAR'S SIGNATURE <i>Mr. D. George</i>		24. FUNERAL DIRECTOR <i>J. Virgil Moore & Son</i>		ADDRESS <i>Denton</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1372

Reg. Dist. No. 63

1. PLACE OF DEATH COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL and give nearest town) Preston Rural		CITY (If outside corporate limits, write RURAL and give nearest town) Preston #1	
TOWN Home		TOWN Preston #1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Nellie Catharine Harris		4. DATE OF DEATH (Month) (Day) (Year) 2-12-51 19	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 10/4/79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME James Willet Harris		14. MOTHER'S MAIDEN NAME Harriot Patchett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Howard M. Harris		12. CITIZEN OF WHAT COUNTRY? USA	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH Sudden
420.1 Immediate cause (a) Coronary Occlusion			
Antecedent cause(s) (b) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Did not see her alive**, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at **8 A**.....m., from the causes and on the date stated above.

SIGNATURE **Laurson George** (Degree or title) ADDRESS **1414 Milledge Park Dr. Btonton Ind.** DATE SIGNED **3/14/51**

23. BURIAL, CREMATION REMOVAL (Specify) B	DATE 2/15/51	NAME OF CEMETERY OR CREMATORY M. E. Church	LOCATION (City, town, or county) (State) Preston, Md.
DATE REC'D BY LOCAL REG. 2/15/51	REGISTRAR'S SIGNATURE Cornelia D. Plummer	24. FUNERAL DIRECTOR H. M. Hollis	ADDRESS Preston, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1373

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>Life</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>BLANCHE</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>FEB 20</u> (Month) (Day) (Year) <u>1951</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>FEB 20, 1885</u> (Month) (Day) (Year) <u>66</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House</u>		11. BIRTHPLACE (State or foreign country) <u>md</u>	
13. FATHER'S NAME <u>Charles Habb</u>		14. MOTHER'S MAIDEN NAME <u>Araminta Nuttle</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Mrs. Edna Habb</u>	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN ONSET AND DEATH
4201 Immediate cause (a) <u>Coronary occlusion</u>					<u>Two Minutes</u>
940 Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>gastro enteritis</u>					<u>6 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 31</u> , 19 <u>28</u> , to <u>Feb. 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 20</u> , 19 <u>51</u> , and that death occurred at <u>5:45 P</u> m., from the causes and on the date stated above.					
SIGNATURE <u>Dr. Paul M. Mott</u>		(Degree or title)		ADDRESS <u>Denton md</u> DATE SIGNED <u>2/23/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 23, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Habb</u> LOCATION (City, town, or county) <u>md</u> (State)	
DATE REC'D BY LOCAL REG. <u>2/23/51</u>		REGISTRAR'S SIGNATURE <u>Wm D D George</u>		24. FUNERAL DIRECTOR <u>J. V. Vayel</u> ADDRESS <u>Morewood Denton</u>	

720826 Denton



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1374 66

1. PLACE OF DEATH - COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland		COUNTY Caroline	
CITY (If outside corporate limits, write RURAL and give nearest town) Ridgely		LENGTH OF STAY (in this place) 30 Yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely			
HOSPITAL OR INSTITUTION OR STREET ADDRESS None				STREET ADDRESS None		(If rural, give location)	
3. NAME OF DECEASED (First) Zacharias		(Middle) Lankford		(Last) Lankford		4. DATE OF DEATH (Month) (Day) (Year) 2 5 1950	
5. SEX Male		6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH ??/ 1861	
9. AGE last birthday 90		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME No Record		14. MOTHER'S MAIDEN NAME No Record		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Pearl Groce Cardova, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Myocardial Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Generalized Arteriosclerosis

(c)

SuddenINTERVAL BETWEEN ONSET AND DEATH
4 to 6 hrsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY
m.INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-31**, 19**51**, to **2-5**, 19**51**; that I last saw the deceasedalive on **1-31**, 19**51**, and that death occurred at **12:15 P.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)
Burial DATE THEREOF **2/9/1950** | | NAME OF CEMETERY OR CREMATORY **Denton** | | LOCATION (City, town, or county) **Denton, Maryland** | | (State) | || DATE REC'D BY LOCAL REG. **2-8-51** | | REGISTRAR'S SIGNATURE **Mary E. Land** | | 24. FUNERAL DIRECTOR **R. B. Rawlings Greensboro, Md.** | | ADDRESS | | | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

970 116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Ind.</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		STREET ADDRESS (If rural, give location) <u>304 St.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Lillie</u> (Middle) <u>Emily</u> (Last) <u>Larriard</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>1st</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 17, 1888</u> yrs. <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Philomore Thomas</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT AND ADDRESS <u>Mrs Pearl McGabliston</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Chronic myocarditis</u>		
Antecedent cause(s) (b) <u>Chronic hypertensive Cardiovascular Disease</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic nephritis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>HOMICIDE</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1950, to Feb. 1, 1951, that I last saw the deceasedalive on Feb. 1, 1951, and that death occurred at - m., from the causes and on the date stated above.SIGNATURE Charles H. Hunsicker M.D. ADDRESS Pennsboro, N.J. DATE SIGNED Feb 2 195123. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Feb. 4, 1951 NAME OF CEMETERY OR CREMATORY Emmery Cemetery LOCATION (City, town, or county) Denton (State) Ind.DATE REC'D BY LOCAL REG. 2/3/51 REGISTRAR'S SIGNATURE Wm D. George 24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton ADDRESS -

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 13 1951
BUREAU V. B.

1375

CERTIFICATE OF DEATH

Reg. Dist. No. 66.

1. PLACE OF DEATH: COUNTY <u>Cavaline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Mo.</u> COUNTY <u>Cavaline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Bridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Bridgely</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Rachel</u> (First) <u>Catherine</u> (Middle) <u>McKenney</u> (Last)			
4. DATE OF DEATH <u>Feb</u> (Month) <u>8th</u> (Day) <u>1957</u> (Year)	5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>
8. DATE OF BIRTH <u>Oct. 6th 1886</u>	9. AGE last birthday <u>89</u> yrs.	If under 1 year Months <u>4</u> Days <u>16</u>	If under 24 hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William A. Bennett</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Bennett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Edward Dean, Bridgely, Ind</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(1)

arterio-venous -

450.0

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause is

97

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

Yes ☐ No ☐
(STATE)

21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Mooth)	(Day)	(Year)	(Hour)
OF			
INJURY			m.

Hour)	INJURY OCCURRED	
	While at	Not While
m.	Work <input type="checkbox"/>	At work <input type="checkbox"/>

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1951, to Jul. 8, 1951, that I last saw the deceased alive on Jul. 7, 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG. 111

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 10 1961
PL-CLAS 7. 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1377

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>near Frederick, Md.</u>	
TOWN <u>Frederick, Md.</u>		TOWN <u>near Frederick, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Rd.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Charles</u> (Middle) <u>Andrew</u> (Last) <u>Pull</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 4, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Delaware</u>
13. FATHER'S NAME <u>Chas. Pull</u>		14. MOTHER'S MAIDEN NAME <u>Jessie Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT AND ADDRESS		12. CITIZEN OR WHAT COUNTRY? <u>U.S.A.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral Hemorrhage & hemorrhage</u>		
Antecedent cause(s) (b) <u>Cerebral sclerosis, Cerebrovascular Disease</u>		
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>& Chronic Myocarditis</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1951, to Feb. 1, 1951, that I last saw the deceased alive on Jan. 31, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE Charles H. Henshaw, M.D. (Degree or title) ADDRESS Greenboro, N.C. DATE SIGNED Feb 7 1951

23. BURIAL, CREMATION REMOVAL (Specify) Buried DATE THEREOF Feb. 4, 1951 NAME OF CEMETERY OR CREMATORY St. John's Lutheran Cemetery LOCATION (City, town, or county) (State) near Greenboro, N.C.

DATE REC'D BY LOCAL REG. 2/3/51 REGISTRAR'S SIGNATURE Wm. D. Jones 24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

290116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1378
60

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Rural Goldsboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Goldsboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Andrew</u>	(Middle) <u>Garfield</u>	(Last) <u>Wilkerson</u>
4. DATE OF DEATH	(Month) <u>2</u>	(Day) <u>6</u>	(Year) <u>51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/15/1888</u>
9. AGE last birthday <u>62</u> yrs.		10. If under 1 year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Nathan Wilkerson</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Berry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>221-03-1974</u>	
(If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Meta Wilkerson Goldsboro, Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) <u>4201 Immediate cause</u>		
(b) <u>Antecedent cause(s)</u>		
(c) <u>94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
SUICIDE		INJURY		
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?
OF INJURY		While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from Jan 1, 1957, to 7/4, 51, that I last saw the deceased alive on 7/4, 51, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE S. A. Bulmer (Degree or title) ADDRESS Wg 51 DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>burial</u>	<u>2/10/1951</u>	<u>Union</u>	<u>Near Goldsboro, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2/9/51</u>	<u>A.C. Smith</u>	<u>R.B. Rawlings</u>	<u>Greensboro, Md.</u>	

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1951
BUREAU V. S.